

TOWN OF KENNEBUNKPORT
Street Opening Permit

PROPERTY INFORMATION

Name of Homeowner: _____ Date: _____

Address: _____

Telephone: _____ Map, Block, Lot: _____

Street to be excavated: _____

Size of excavation (length and width): _____

Reason for excavation: _____

Permit Conditions: If there is, any intrusion into the black top, road should be paved from curb to curb.

CONTRACTOR INFORMATION

Date of excavation: _____

Name of Contractor: _____

Address: _____

Telephone: _____ Fax: _____

BOND & INSURANCE INFORMATION

Performance Bond: ☐ Cash ☐ Check ☐ Money Order ☐ Surety Bond ☐ Other

Bond Amount: _____

Company that issued the bond (if applicable): _____

Person or entity providing the bond to the Town (contractor, property owner, other): _____

Insurance Company: _____

Signature of person completing the application: _____ Date: _____

APPROVED

Highway Superintendent: _____

Selectmen: _____

Selectmen: _____

Selectmen: _____

Selectmen: _____

Selectmen: _____

Date Approved: _____

Application Fee: \$25.00

Date Paid: _____

Amount Paid: _____

☐ Cash ☐ Check ☐ Money Order

***Please attach map or sketch showing the location and size of any cuts to be made; a bond; and proof of insurance.**